



**DOCUMENTATION FOR EMERGENCY
USE OF SECLUSION AND/OR RESTRAINT**

Student Name:	Date	Time In:	Time Out:
Teacher/class:	If time exceeded allowable amount provide explanation and action taken:		
Staff person initiating seclusion/restraint; other present involved:			
Describe the behavior that led to seclusion/restraint, including time, location, activity, other present, other contributing factors:			
Time and Location:			
Activity:			
Contributing factors:			
Procedures used to attempt to de-escalate the student prior to using seclusion/restraint:			
Describe student behavior during seclusion/restraint:		Describe student behavior after seclusion/restraint:	
Was there any injury or damage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was student able to return to working on their goals and objectives	
If yes, describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Follow-up with student after the seclusion/restraint:			
Is other follow-up needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:			
Is it anticipated that the behavior will reoccur? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain actions taken:			
Was Parent contact made? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was Administration contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact made by: _____		Contact made by: _____	
Date and Time: _____		Date and Time: _____	
If no contact made, explain why:		If no contact made, explain why:	

A copy of this document was sent to: Parent/Guardian Supervisor Special Education Office

COPY MUST BE GIVEN TO ADMINISTRATION WITHIN 24 HOURS